

Maribavir (Livtency)

Coverage Criteria:

Livtency is reserved for patients meeting the following criteria:

1. Prescribed by or in consultation with a transplant, or infectious disease specialist; and,
2. Patient has received hematopoietic stem cell transplant (HSCT) or solid organ transplant (SOT) and has active CMV infection verified by PCR testing (CHART NOTES MUST BE SUBMITTED FOR ALL REQUESTS) ; and,
3. A previous failure or medical contraindication to ganciclovir or valganciclovir; and,
4. A previous failure or medical contraindication to foscarnet or cidofovir; and,
5. Patient will not be receiving ganciclovir, valganciclovir, foscarnet, or cidofovir concurrently for a different diagnosis; and,
6. Patient is not undergoing treatment for acute or chronic hepatitis C; and,
7. The prescribed regimen is within the FDA-approved dosing regimen. A current patient weight is required for all requests;

Coverage Duration:

Authorization will be granted for a 1 month duration.